

Oral Presentation – 01

SERUM ZINC AND INSULIN LEVELS AMONG ADULT ONSET DIABETES PATIENTS ON CLINIC FOLLOW-UP

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Introduction

Experimental and clinical evidence available especially in developed countries suggest an alteration of zinc metabolism in patients with adult onset diabetes. This study was undertaken with the objective of assessing the relationship between serum zinc and blood sugar levels among adult onset diabetes patients in Galle.

Methods

Adult diabetic patients (n=96) attending medical clinics of the Teaching Hospital Karapitiya were enrolled. A sample of 5 ml of venous blood was drawn before any oral hypoglycemic agent(s) or other drugs were taken and aliquots were made for fasting blood sugar (FBS). Serum was separated from the remaining portion of the blood and serum insulin and zinc levels were determined.

Results

There were 33 males and 63 females. Mean (SD) of FBS was 6.17 (1.1) mmol/l among males and 6.13 (1.2) mmol/l among females. Serum insulin levels among females 8.11 (2.2) pmol/l were significantly higher (p=0.02) when compared with males (6.92 (2.5) pmol/l). The overall serum zinc levels were 10.29 (7.5) µmol/l with no difference between either sex (p=0.76); 9.88 (6.5) µmol/L and 10.51 (8.1) µmol/l among males and females respectively. When the cutoff level of <10.7 µmol/l was used to define zinc deficiency and >120.0 mg/dl to define high blood sugar; 65% (n=63) of patients were zinc deficient and 30% (n=28) were having high blood sugar.

Conclusions

Clinical importance of high prevalence of zinc deficiency among adult diabetics in Sri Lanka is not known and it would be better to compare with a control group. This trial evaluated the glycaemic control together with serum insulin and zinc levels in adult onset diabetes.

Oral Presentation – 02

NORMATIVE VALUES OF MOTOR AND SENSORY NERVE CONDUCTION STUDIES

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Introduction

Nerve conduction studies are a reliable measure of function of the peripheral nerves. Yet we do not have normative values for our population and the data can vary between institutes. With this background we aimed to determine the normative values for Clinical Neuroscience Centre, Faculty of Medicine, University of Ruhuna.

Methods

A cross sectional study was conducted with 70 healthy volunteers. Motor nerve conduction studies were carried out with supramaximal stimulation. Motor nerve conduction velocity (MCV) and amplitude of the distal compound muscle action potential (CMAP) were recorded on median, ulnar and common peroneal nerves. Distal latency of median motor nerve conduction studies was also recorded. Sensory nerve conduction velocity (SCV) was measured by orthodromic method in median and ulnar nerves. F- wave studies were performed on the median, ulnar and tibial nerves. Neurophysiological investigations were performed at a room temperature of 25°C.

Results

The mean (SD) age of participants was 33.0 (12.0) years. None of the participants had diabetics. The mean MCV of median, ulnar and common peroneal nerves were 56.65 (3.64), 56.23 (4.40) and 49.41 (5.11) m/s respectively. Mean amplitude of CMAP of distal motor nerve conduction studies in median, ulnar and common peroneal nerves were 14.37 (4.26), 10.50 (2.18) and 8.66 (3.47) mV respectively. Mean distal latency of median motor nerve conduction studies was 3.36 (0.53) ms. Mean SCV of median and ulnar nerves were 56.01 (5.97) and 59.69 (5.21) m/s. Mean F wave occurrence of above nerves was 91 %. When compared with the existing normative values mean MCV was slightly low and amplitude of CMAP was double in our results.

Conclusions

These data provide normative values of motor and sensory nerve conduction studies of our population which facilitate us to evaluate on the peripheral nerve function of individuals.

Oral Presentation – 03**BLOOD SUGAR LOWERING EFFECT OF ZINC AND MULTI VITAMIN/ MINERAL SUPPLEMENTATION IS DEPENDENT ON INITIAL FASTING BLOOD SUGAR**

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Introduction

This study was done with the objective of evaluating the effects of zinc with or without other anti-oxidants on blood glucose and lipid profile in adult diabetics on long term follow-up.

Methods

Patients (n=96) were randomly allocated to 3 groups; Patients in group 1 (n=29) were supplemented with oral zinc sulphate (25 mg/day) and multivitamin/mineral (zinc+MVM) preparation; group 2, (n=31) the same preparation without zinc (MVM); and the third (control) group (n=36) was given a matching placebo, for a period of 4 months in a single blinded study. The oral hypoglycaemic agents and the diet were not changed during the intervention.

Results

The Zinc+MVM group had a mean change of fasting blood sugar (FBS) -0.33 (SEM, 0.21) mmol/l and was significant (p =0.05) when compared with the other two groups (mean change in the MVM group +0.19 (0.31) and +0.43 (0.23) mmol/l in the control group respectively). Subjects were categorized according to the degree of glycaemic control (optimum control and partially controlled) based on their baseline levels of FBS. When the baseline FBS <5.56 mmol/l (<100.0mg/dl), there was no significant treatment effect with the intervention. However, when FBS was >5.56 (>100mg/dL) mmol/l, supplementation with or without zinc showed a

significant effect on FBS. The Hb_{A1C} % level was lowered significantly; irrespective of the baseline Hb_{A1C} % level in Zinc+MVM supplemented individuals. Serum lipid levels, too, were significantly lowered in Zinc+MVM and MVM groups.

Conclusions

Zinc +MVM supplementation showed beneficial effects on their metabolic control in addition to the elevated serum zinc level and lowered serum cholesterol and cholesterol/HDL ratio in adult diabetics who were on standard clinic treatment.

Oral Presentation – 04

INTRODUCTION OF PROBLEM-BASED LEARNING TO PRECLINICAL STUDIES: STUDENTS' AND TEACHERS' PERCEPTION

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Introduction

Problem-based learning (PBL) is a well established teaching/learning method in many leading medical schools. PBL allows students to learn fundamental principles of the subject in the context of solving problems. Tutorials of PBL were introduced to preclinical students in Faculty of Medicine, University of Ruhuna. Two PBL sessions were conducted. Each ran for 5 hours with participation of 15 teachers. This study was designed to assess students' and teachers' perception about PBL tutorials.

Methods

Student perception was assessed qualitatively and quantitatively while perception of teachers was assessed qualitatively.

Results

For statements '*engaged in active knowledge seeking*' and '*acquired wider knowledge*' showed 91.3% and 91.9% student agreement, respectively. For statements '*helped me to understand the process of solving medical problems*', '*helped me to learn cooperating with other students*' and '*I like PBL tutorials more than traditional tutorials*' showed 91.4%, 85.5% and 79.7% student agreement, respectively. Qualitative data surfaced following themes from students favouring PBL: less stressed, freedom to talk, active and wider participation, self studies, cooperative learning, broader subject area, soft skills/personality development, clinical exposure, remembering well, positive behavioural changes for study. Following themes were found against PBL: less defined boundaries, not aligned with examination, difficulties in preparation, problem of time management. Qualitative data surfaced following themes from teachers: appreciation of good qualities of PBL, organizational strengths and weakness, problem associated with and suggestions to improve, possible influence of PBL on non-PBL studies.

Conclusions

Majority of the students liked PBL and appreciated many qualities of it. Teachers highlighted strengths and weaknesses of PBL tutorials. Feedback received from students and teachers were positive and encouraging. The feedback can be used to further improve the implementation process of PBL tutorials.

Oral Presentation – 05**THE PATTERN OF MEDICINE CONSUMPTION OF PATIENTS ATTENDING PHARMACIES IN GALLE****Nanayakkara J¹, Hettiarachchi M²**

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Introduction

The outcome of a disease is significantly affected by different types of patient behaviours on medicine usage. We have conducted a study on patient behavioural pattern of medicine usage in government, semigovernment and private sector hospitals in Galle.

Methods

A cross-sectional study was conducted using a sample of 18 pharmacies (4 government; 2 semi-government; 12 private) within the Galle municipality area. Data were collected using structured interviews of pharmacists, exit patient interviews, and structured observation of pharmacies. A total of 105 subjects were included in the study.

Results

In the government sector 75% of patients always consulted a doctor before taking medicines from pharmacy, whereas corresponding figures in semigovernment and private sectors were 73% and 77% of patients respectively. In the semi-government and private sectors 14% and 1% of patients initially took medicines according to pharmacists' advice and a doctor was consulted only when the disease is serious, whereas this behaviour was not seen in government sector. Old prescriptions were used by 70% of patients in the government sector and corresponding figures in the semi-government and private sectors were 33% and 32% of patients respectively. In the government sector 20% of patients were interested in drug information whereas in the semi-government and private sectors 13% and 20% of patients had the interest in drug information.

Conclusions

Irrational use of medicines such as usage of old prescriptions, taking medicines without a proper consultation of a doctor exist in the society to a significant extent. They should be rectified and at the same time interest about drug information should be improved in order to promote rational use of medicines and provide a better health care for patients.

Oral Presentation – 06**PSYCHOLOGICAL NEEDS OF MOTHERS OF CHILDREN WITH ORAL CLEFTS****Senadheera C¹, Dias DK²**

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Introduction

In Sri Lanka little is known about psychological needs of the mothers of children born with oral clefts and no services have been established to address such needs.

Methods

We studied 95 mothers of children who were brought to the cleft lip and palate clinic in the Teaching Hospital Karapitiya using an interviewer-administered questionnaire to study their emotional reaction to the child's defect. The ages of the children with the disability ranged from 1 month to 17.0 years.

Results

Fifty seven percent (n=54) of children had both cleft lip and cleft palate. All the mothers had learnt about their child's defect after the birth and 75% (n=72) of the mothers described feeling 'sad', 'very sad' or 'suicidal' at the time. Two thirds of them reported that they had not known about such conditions previously and 64% (n=61) said that adequate information was not given to them in the maternity ward. At the time of interview, 68% (n=65) reported being psychologically affected by the problem to different degrees. Mothers of boys and girls were similarly likely to report being worried about the child's future. Mothers whose only child or the first child was having the defect were more likely to report being psychologically affected compared to mothers whose first child was healthy (p=0.02). Mothers whose child has not had any intervention were more likely to report being psychologically affected compared to those whose child had underwent at least one intervention (p=0.03).

Conclusions

This study highlights the need for early interventions to provide psychological support including the provision of adequate information to the mothers of babies with oral cleft.

Oral Presentation – 07

KNOWLEDGE, ATTITUDE AND PRACTICES REGARDING THE USE OF ATROPINE IN ORGANOPHOSPHATES AND/OR CARBAMATE POISONING

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Introduction

In patients who present with poisoning due to organophosphate (OP) and/or carbamate poisoning, atropine therapy plays a key role in their survival.

Objectives

A Knowledge, Attitude and Practices (KAP) study on 33 non-specialist doctors working in medical wards at Teaching Hospital Karapitiya with regards to the requirement of atropine, regimes and clinical markers of adequacy of atropinization, maintenance of atropine therapy after initial atropinization and the management of atropine toxicity was done.

Methods

Information was collected using a pre-tested questionnaire from 33 house-officers. Responses to questions were awarded a total score of 100 marks (maximum mark given in case it matches the recommended textbook) with each category of questions under the five objectives mentioned above being given 20 marks.

Results

Eighty five (85%) participants scored > 60% with respect to awareness of clinical features that warrant atropine therapy. However a score of >60% was obtained by only 42% of subjects on required knowledge of the regime used for atropinization, 21% on clinical markers of adequacy of atropinization, 27% on continuation of atropine after initial atropinization and 30% on the management of atropine toxicity. More than 73% participants scored less than 40% marks regarding knowledge about continuation of atropine therapy.

Conclusions

These results show a wide variation and deficiencies in the knowledge, attitude and practices of use of atropine in OP and carbamate poisoning among house officers. Our findings warrant programmes to educate doctors on these aspects.

Oral Presentation – 08

A COMPARISON OF ANASTOMOSIS TECHNIQUES IN LAPAROSCOPIC ANTERIOR RESECTIONS

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Introduction

Resection of upper rectum and sigmoid colon for carcinoma may be performed by laparoscopic techniques. One of the challenges is making the anastomosis to restore bowel continuity. Total intracorporeal stapled anastomosis, extracorporeal anastomosis through a Pfannenstiel incision or colo-anal pull-through anastomosis are the available options.

Methods

The laparoscopic anterior resections done since 2009 were reviewed with considering the anastomotic technique.

Results

The total number of patients was six patients underwent laparoscopic anterior resection. Two underwent intracorporeal anastomosis, two underwent extracorporeal anastomosis and the other two coloanal pull through anastomosis. The patients who underwent extracorporeal anastomosis had a Pfannenstiel incision of about 8cm for bowel division and anastomosis after laparoscopic mobilization. The patients who had intracorporeal anastomosis only had an incision of about 4cm to extract the specimen. The laparoscopically monitored stapled anastomosis was more comfortably done than the extracorporeal ones. The colo-anal pull-through was done for two patients who had very low tumours. The mobilized rectosigmoid was pulled via the anus after completing the perianal resection. The anastomosis was performed comfortably per anally. The time taken for intracorporeal and extracorporeal anastomosis was about sixty minutes and thirty minutes for the perianal procedure. Patients who had the Pfannenstiel incision had more wound-related pain.

Conclusions

Intracorporeal anastomosis meets the outcome of a total laparoscopic procedure. A small incision is needed to extract the specimen and the anastomosis can be performed comfortably. However for very low tumours colo-anal pull-through anastomosis can be done after total laparoscopic mobilization and needs no incision. We conclude that total intracorporeal anastomosis and colo-anal pull-through anastomosis produce a better outcome than the extracorporeal anastomosis.

Oral Presentation – 09

PROGNOSTIC VALUE OF THROMBOLYSIS IN MYOCARDIAL INFARCTION (TIMI) SCORE IN PREDICTING THE MORBIDITY AND MORTALITY FOLLOWING ACUTE CORONARY SYNDROME –AN OBSERVATIONAL STUDY

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Introduction

Thrombolysis in myocardial infarction (TIMI) score has good predictive accuracy for morbidity and mortality following acute coronary syndrome (ACS) in some patients. However the prognostic accuracy of TIMI score among Sri Lankans with ACS has not been studied. This study was undertaken with the objective of assessing the value of TIMI scores in predicting the morbidity and mortality in patients with ACS in Galle.

Methods

Patients who were admitted to the university medical unit of Teaching Hospital Karapitiya (n=142) with ACS from October 2009 to June 2010 were analyzed. Data on baseline characteristics were obtained with a predesigned questionnaire and patients were followed up for a month. The primary endpoint was death and the secondary end points were heart failure (HF), recurrent angina (RA), and arrhythmias.

Results

There were 83 (59.0%) males and 58 (41%) females with mean (SD) age of 61.0 () years. 14 (10%) patients were diagnosed as having ST-elevation myocardial infarction (STEMI) and 45 (31%) and 83 patients (58%) had non-ST elevation myocardial infarction (NSTEMI) and unstable angina respectively. Fourteen patients (10.0%) suffered from HF, 25 (18.0%) had RA and 8 (2.0%) died due to ACS. Ninety four (67.0%) patients had TIMI scores of 0-3 and 24 (25%) of them met either primary or secondary end points. TIMI scores of 4-7 were observed in 48 (34.0%) patients and 48.0% had complications of ACS (p=0.03). Higher TIMI was associated with high mortality rate (TIMI <4.0, rate was 3.1% and TIMI ≥4, rate was 10.4%).

Conclusions

TIMI has a good prognostic value with higher TIMI being associated with higher morbidity and mortality at one month after ACS events.

Oral Presentation – 10

PREVALENCE OF HEPATITIS B SURFACE ANTIGEN CARRIER STATE AMONG ANTENATAL MOTHERS IN WESTERN PROVINCE OF SRI LANKA

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Introduction

Hepatitis B virus (HBV) can be transmitted perinatally causing infection in neonates with a high risk of progression into chronic infection. This study was undertaken to assess the risk of perinatal transmission of HBV in Western province of Sri Lanka by assessing the prevalence of Hepatitis B surface antigen (HBsAg) carrier state among antenatal mothers; and to assess the prevalence of exposure to HBV and factors associated with such exposure among this population.

Methods

A community-based prevalence study among 1855 antenatal mothers attending state sector clinics in Western Province of Sri Lanka (Colombo, Gampaha & Kalutara districts) in year 2003 was performed using multistage cluster sampling technique. Blood samples and data were collected from mothers after obtaining informed consent. All samples were tested with reverse passive haemagglutination assay (RPHA) for HBsAg and enzyme immunoassay (EIA) for hepatitis B core antibody (Anti- HBc). Anti -HBc positive samples were tested with EIA for HBsAg and passive haemagglutination assay for hepatitis B surface antibody (Anti-HBs)

Results

The prevalence of HBsAg carrier state was zero. Anti-HBc prevalence was 2.2% (n=41). Anti -HBs was found in 24.4% (n=10) of Anti-HBc positive mothers (n=41). Anti-HBc prevalence was higher among mothers with a past history of jaundice.

Conclusions

The level of exposure to HBV was low among antenatal mothers in the Western province of Sri Lanka. None of the exposed mothers had evidence of chronic infection. Therefore perinatal infection is unlikely to be an important route of HBV transmission in the Western Province of Sri Lanka.

Oral Presentation – 11**THE PREVALENCE OF CORONARY ARTERY DISEASE IN BOPE-PODDALA: A SEMI-URBAN POPULATION IN SOUTHERN SRI LANKA.**

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Introduction

The incidence of coronary artery disease (CAD) in Sri Lanka has risen sharply over the past 20 years as reflected in the hospital admissions and is the commonest cause of death. Comparable published data on the prevalence of CAD in Sri Lanka are sparse. This study was undertaken to determine the prevalence of CAD in a semi urban community and describe the related risk factors.

Methods

The study sample consisted of 930 adults aged >30 years in Bope-Poddala in Southern Sri Lanka, made of 31 clusters of 30 adults, each selected using the probability proportion to size. A detailed history was obtained, and clinical examination, body mass index (BMI) determination and electrocardiographs (ECG) were carried out on all subjects. The diagnosis of IHD was based on history of myocardial infarction, angina pectoris and ECG abnormalities according to criteria used by Epstein.

Results

The prevalence of CAD was 6.9% with a mean BMI of 22.56 kg/m² and silent CAD occurring at 40%. There was no significant gender difference. There appears to be no association between daily physical exercise and CAD. Identified risk factors were diabetes and hypertension.

Conclusions

The prevalence rate of CAD is low with a lesser occurrence of silent CAD in the study population.

Oral Presentation – 12

THE LENGTH OF THE OESOPHAGUS AND ITS CORRELATION WITH EXTERNAL ANTHROPOMETRIC MEASUREMENTS

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Introduction

The length of the oesophagus is important in planning surgery and in diagnosing certain diseases. The length from the upper incisor teeth (UIT) to the gastro-esophageal mucosal junction (GOJ), which is the practical measurement, is considered to be 38.0 – 40.0cm. Since Sri Lankans have a smaller stature compared to westerners, these values may not be appropriate. This study was done to assess the relationship between the length from UIT to GOJ and the external chest measurement

Methods

The length from the UIT to the vocal cord level and to the GOJ was measured during oesophagogastroduodenoscopy sessions among 48 patients. The length from UIT to tragus, from tragus to xiphisternum and cricoid cartilage to xiphisternum too was measured in the same subjects.

Results

There were 22 males and 26 females with mean age of 55.0 years (range of 23.0 – 84.0). The mean length from UIT to GOJ was 38.31 cm (SD 1.74). The length from UIT to GOJ can be predicted using length from cricoid level to xiphisternum and height using the following formula.

Length from UIT to GOJ = Length from cricoid to xiphisternum + (height x K)

Where $K = \frac{[\text{sample mean length from UIT to GOJ} - \text{sample mean of cricoid to xiphisternum}]}{\text{mean height}}$

The mean predicted length was 38.37cm. The mean of the difference between observed and predicted values was not significantly different (p=0.82).

Conclusions

The normal length for the length from UIT to GOJ was significantly different from international figures. The normal value for the length from UIT to GOJ in a given individual can be accurately calculated using the derived formula.

Oral Presentation – 13

A STUDY OF THE SURGICAL ANATOMY OF THE RECURRENT LARYNGEAL NERVE

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Introduction

Most of the studies on the anatomy of the recurrent laryngeal nerve (RLN) are cadaver-based. However data on Sri Lankan population are sparse. This study was planned with the objective of studying the anatomical pathway of the recurrent laryngeal nerve of the patients undergoing total thyroidectomy at Teaching Hospital Karapitiya.

Methods

Patients who underwent total thyroidectomy (n=20) and thyroid lobectomy (n=6) were included. Of them 46 RLN were studied including 24 right and 22 left sided RLNs. The relationship of the nerve to the inferior thyroid artery (ITA), ligament of Berry and its course between these two structures were recorded after the surgery.

Results

Twenty eight RLN (61.0%) were deep to the inferior thyroid artery while 11 (24.0%) times it traveled through the branches and in 4 (9.0%) patients superficial pathway. There was a single right recurrent laryngeal nerve in 2.0% of subjects and the left inferior thyroid artery was absent in 2 patients (4.0%). The RLN was in contact with the Berry's ligament in 25 (54.0%) patients while 17 (37.0%) patients it traveled in between the ligament and tracheo-oesophageal groove and in 3 (7.0%) cases it traveled through the ligament.

Conclusions

The anatomical pathway of the RLN has shows wide variation in the population studied.

Oral Presentation – 14**COMPARABILITY OF 10-ITEM MODIFIED BARTHEL INDEX AND 5-ITEM SHORTER VERSION**

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Introduction

The 10-item modified Barthel Index (BI-10) is widely used to estimate physical activities of daily living (pADL), especially among elders. The short version consisting only five items was found to have similar measurement properties. This study compares the comparability of two measurement tools in a local population.

Methods

Two teachers with bilingual skills translated the original BI-10, independently, and the combined Sinhala version was back translated to assess the comparability with the original version. 216 adults (aged 45-78) consisting 120 medical clinic attendees and 96 patients recovered from either strokes or lower limb fractures were given the Sinhala translation of the BI-10. All were given instructions to fill the questionnaire according to the guidelines given in the original document. From the same data, the Short version of BI (BI-5) was developed using the responses given for 5 selected items; transfers, bathing, walking, toilet use and stairs.

Results

High internal consistency (Cronbach's alpha of 0.98 and 0.96 for BI-10 and BI-5, respectively) was seen for both versions. Inter-item class correlation (ICC) between the two versions was 0.98. In the Bland-Altman plot, 97% of observations were within the 1.96 agreement limit. When quartiles of the total scores of the two versions were cross-tabulated, a kappa value of 0.8 was observed.

Conclusions

These results indicate that the two versions BI tested, generate concordant data and BI-5 can be used as a rapid screening tool for pADL of elderly.

Oral Presentation – 15

PATTERN OF MORTALITY AND MORBIDITY FOLLOWING SELF INGESTION OF POTASSIUM PERMANGANATE AND OXALIC ACID CONTAINING HOUSEHOLD DETERGENTS IN SOUTHERN SRI LANKA

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Introduction

Laundry detergents containing potassium permanganate (KMnO₄) and oxalic acid are marketed under different trade names consist of two separate sachets to be mixed before use. They are popular among people in the Southern Province of Sri Lanka as a suicidal agent. Ingestion of oxalic acid alone or mixed with KMnO₄ produces massive gastric hemorrhage and rapid death or acute renal failure. Ingestion of KMnO₄ alone may give rise to cyanosis due to methaemoglobineamia. Demographic studies are lacking pertaining to poisoning by this detergent. A retrospective audit was performed including all the hospitals (n=42) of Galle and Matara Districts for admissions following this detergent poisoning from January to December 2008.

Methods

Ingestion of either component of detergent alone or mixed together considered as positive ingestion.

Results

Of the total of 187 admissions (incidence 9.9 per 100,000), 61.0% were female (n=115) and 39.0% male (n=72). Thirty six percent (n=68) were <20.0 years of age and 42.0% (n=79) were 21-30 years. There was a gradual increase in number of admissions monthly with an obvious peak in August 2008. 16 deaths were reported. (female 12, male 4). Of them 12 had died on admission and the rest had succumbed within 24 hours of admission.

Conclusions

This detergent poisoning has serious health implications: case fatality ratio (8.5%), high percentage of early (on admission) mortality: high percentage of females (61%) and age group <30 years being affected, indicating their ready access to the detergent.

Oral Presentation – 16

PREVALENCE OF CONVENTIONAL CARDIOVASCULAR RISK FACTORS IN PATIENTS WITH ACUTE CORONARY SYNDROME. AN OBSERVATIONAL STUDY

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Introduction

Acute coronary syndrome (ACS) is one of the leading causes of morbidity and mortality in Sri Lanka. A study was conducted to determine the presence of Conventional cardiac risk factors (CCRF) such as diabetes mellitus (DM), hypertension (HT), dyslipidemia, and cigarette smoking in patients with ACS in Galle.

Methods

Patients with ACS admitted to the professorial medical unit, Teaching Hospital Karapitiya from October 2009 to June 2010 were recruited. Data on CCRF were recorded and investigation results were obtained from hospital records.

Results

There were 142 patients with 83 (59.0%) males and 58 (41.0%) females with mean age of 61.0 years. Of them 14 (10.0%) were diagnosed as ST elevated myocardial infarction, and 45 (31.0%) and 82 (58.0%) patients had non ST elevated myocardial infarction and unstable angina respectively. The most prevalent CCRF was, HT which was seen among 79 (56.0%) patients, followed by dyslipidemia (54.0%), DM (26.0%), family history of premature CAD (24.0%), smoking (13.0%) and renal diseases (5.0%). Twenty six patients (18.0%) had 3 or more CCRF for ACS. However, 18 (13.0%) patient had no CCRF and 51(36.0%) patients had only one CCRF for ACS.

Conclusions

More than 87.0% ACS events can be explained with the presence of conventional risk factors. Hypertension and dyslipidaemia are the leading risk factors.